



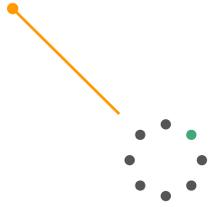
A road map for a world protected from pandemic threats

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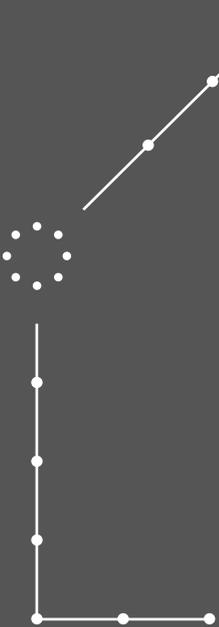


New pandemic threats are inevitable, but pandemics are a political choice.



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*This year offers
an unprecedented
opportunity for focus and
transformative change.*





A road map for a world protected from pandemic threats

The massive damage COVID-19 has wrought on societies, economies, and human development exposes an unassailable truth: the community of nations must never let this happen again. What provides hope is that in this age of unparalleled scientific tools, instant communication, and fresh lessons to apply from this pandemic, the world has a real opportunity to make COVID-19 the last pandemic of such devastation. However, what is dangerous is the loss of political attention to the reforms needed to achieve this goal.

No country was spared from COVID-19. Within a matter of weeks, an existential pandemic threat became a catastrophic reality, now contributing to the deaths of some 20 million people worldwide.¹

Only international, multilateral, and multi-sectoral collaboration can safeguard the world from the next pandemic threat.

This year presents an unprecedented opportunity for focus and transformative change. Work will be advanced on a new pandemic legal instrument and on amending the International Health Regulations. The UNGA High-Level Meeting on Pandemic Prevention, Preparedness and Response, scheduled for 20 September 2023, should provide much-needed direction to implement the overall package of reforms required for a cohesive, fully transformed, and functional system through a concise and action-oriented political declaration.

¹ As of 24 April 2023, [The Economist](https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates) estimates the COVID-19 pandemic has led to 22 million excess deaths. <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>. [The Institute of Health Metrics and Evaluation](https://covid19.healthdata.org/global?view=cumulative-deaths&tab=trend) projects a total of 18.57 million deaths will have been attributable to COVID-19 by 1 April 2023. <https://covid19.healthdata.org/global?view=cumulative-deaths&tab=trend>

Since the H1N1 influenza pandemic of 2009 and up until the outbreak of COVID-19, a series of high-level panels and commissions had conducted 16 reviews of pandemic and health emergency preparedness and response. These were followed by a patchy and limited implementation of recommendations—a pick and mix approach that continued to leave gaps and contributed directly to the COVID-19 outbreak becoming a pandemic.

In 2021, the Independent Panel for Pandemic Preparedness and Response and other COVID-19 reviews came to similar findings and conclusions: the systems and rules in place were wholly insufficient to protect the world, and transformational change is essential.² *The Independent Panel called for a package of reforms, focused on sustained high-level political attention to pandemic preparedness and response, a modern surveillance and alert system, new and additional financing, equitable access to medical countermeasures, a strengthened and well-functioning WHO, and a whole-of-society and whole-of-government approach to national preparedness.*

Reform efforts now underway are to be applauded, but without the highest-level political attention, they are in danger of losing steam and the focus required for transformative change which will ensure that the world is prepared to prevent, identify, and contain pandemic threats.

With renewed focus and political will, COVID-19 can be the last pandemic of such devastating consequences. While new pandemic threats are certain, there is a choice now to put measures in place to identify them rapidly, respond at speed, and stop them from spreading—thus ensuring that the social and economic costs of the last three years are never repeated. This is our common responsibility, and it can be a generational legacy of today's leaders.



“Somehow—after all we have endured—we have not learned the global public health lessons of the pandemic. We are nowhere near ready for pandemics to come.”

*UN Secretary-General António Guterres
World Economic Forum, January 2023*

² COVID-19: Make it the Last Pandemic, The Independent Panel for Pandemic Preparedness and Response, May 2021. www.TheIndependentPanel.org

Figure 1. The outbreak and pandemic cycle



What is critical now is to ensure that the world is safeguarded throughout the entire cycle of pandemic readiness, alert, and response (Figure 1), by applying lessons nationally, regionally, and globally.

Nations shoulder the most responsibility for pandemic preparedness and response, and they should prepare for a new pandemic threat as though it could happen tomorrow. The Independent Panel stressed that applying COVID-19 lessons now is “a once-in-a-lifetime opportunity to get preparedness right to prevent a catastrophic pandemic from arising again.” Our message is that all governments in countries of every income level need to apply these lessons by investing in prevention and preparedness now to be ready across all sectors to respond to the next crisis. With the right reforms in place, there will be no need to panic and scramble when the next health threat emerges.

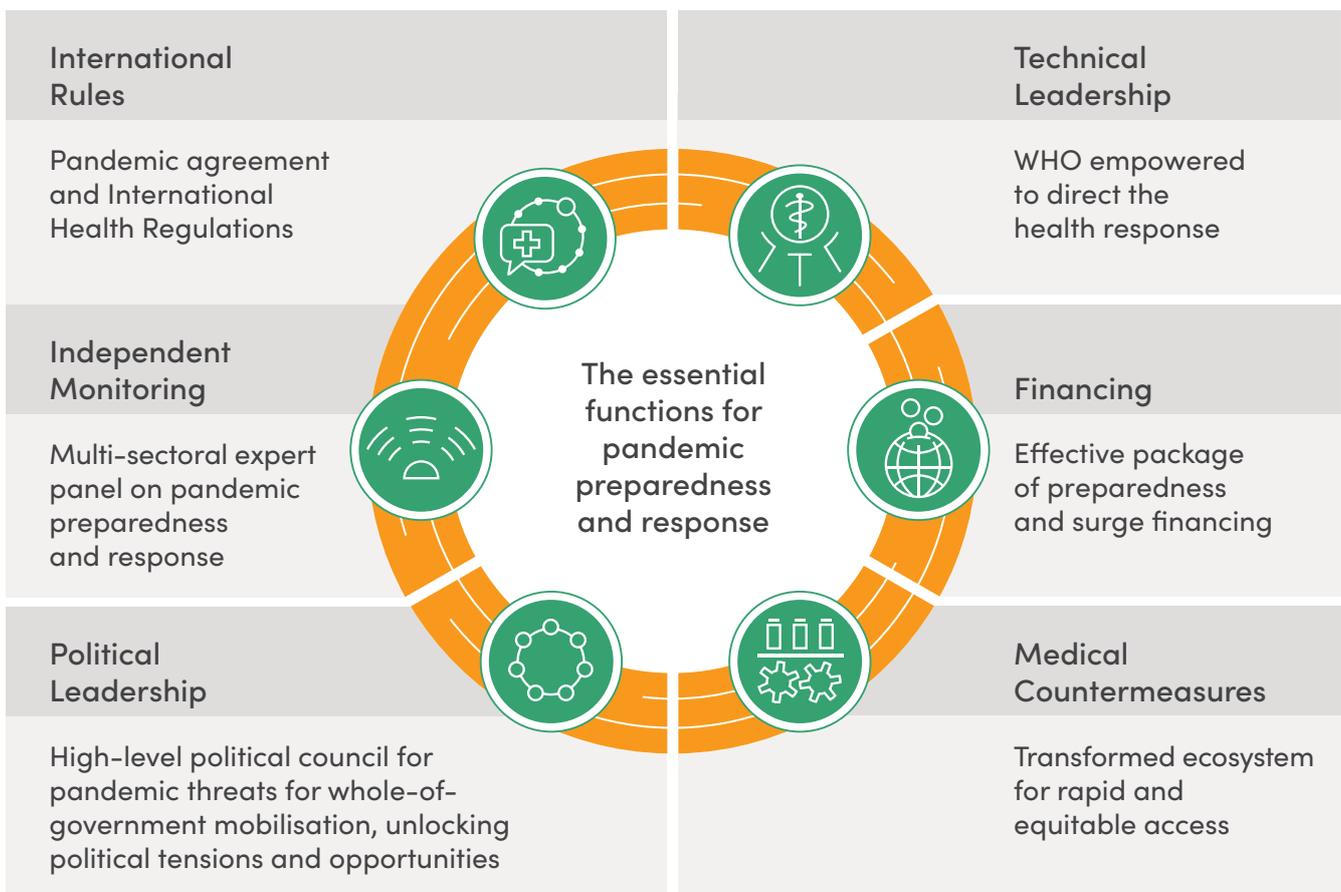
Regions, including regional groupings of countries, banks, and health and other relevant institutions are increasingly strong political platforms, having expanded collaboration and strengthened technical capacities. Lessons from COVID-19 demonstrate that regional resilience is a necessity. Every effort is required to ensure that tools are available to stop outbreaks when and where they occur. These include the ability to research, manufacture, and distribute global common goods such as personal protective equipment, oxygen, diagnostics, vaccines, and therapeutics, that make the difference between life and death, and are essential in containing an infectious disease outbreak with pandemic potential.



Transforming the international system with a focus on essential global functions

Based on the Independent Panels' recommendations and taking into account the present state of reform efforts, the following global road map (Figure 2) presents the essential functions that must be covered for an effective system.

Figure 2: The essential functions for pandemic preparedness and response





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The global functions for pandemic preparedness and response are to support and strengthen the work and capacities at national and regional levels. With increasing emphasis on the need to support national and regional resilience, the global functions in place earlier in this pandemic need to be reformed and adjusted. *Of most importance is to have a system for pandemic preparedness and response that is fit for purpose: equipped to identify and contain pandemic threats, and, if that is not possible, to give maximal protection to societies and economies.* The system must have defined roles and responsibilities for appropriate organizations, and clear distinctions between the political and operational work.

There are many calls to ensure that the current reform processes underway to reform pandemic preparedness and response are coherent and will, taken together, add up to transformational change. To date, this is not the case. The important, but lengthy, pandemic agreement negotiations may or may not deliver what is needed. There has been an abnegation of responsibility to commit the relatively few billions required now and every year to avoid the loss of trillions when the world is once again overwhelmed by a pandemic threat. Consensus has yet to be found around an equitable approach on countermeasures. While there is broad agreement that a leader-level body is needed to maintain political momentum for pandemic preparedness and response, there is no agreement on who should mandate it.



Based on the Independent Panel's recommendations, and the present state of reform efforts, the following road map is what is needed:

I. International rules: pandemic agreement and revised International Health Regulations



To address future health threats effectively, we need a set of principles, rules, rights, and obligations for the pandemic prevention, preparedness and response system. To do this, two legal instruments are envisaged – *revised International Health Regulations and a new pandemic agreement*. These two instruments should not be duplicative, but taken together should define roles and responsibilities, as well as goals and indicators for countries and relevant institutions. A process is underway for each of these instruments, and texts are scheduled to be agreed at the World Health Assembly in May 2024.

Revised International Health Regulations (IHRs) should focus on surveillance and alert systems. This involves setting the rules for what kind of pathogens need to be reported and when, and for WHO's authority to investigate and respond to potential outbreaks immediately in order to alert the world quickly to threats, be able to declare an emergency expeditiously, and provide assistance to countries. The IHRs must also continue to grant WHO the authority and obligation to provide temporary recommendations. The multiple breaches of the IHRs during the COVID-19 pandemic and in past outbreaks also point to the urgent need for strengthened monitoring and compliance mechanisms.

A new pandemic agreement can set principles beyond the IHRs, addressing the whole prevention, preparedness, and response cycle. It should define goals and targets, specify required competencies, rights, and obligations, and establish compliance, accountability, and governance arrangements. The agreement could present agreed roles and responsibilities for key building blocks of pandemic preparedness and response– such as for coordinating the health response to pandemic threats and facilitating access to medical countermeasures. What the pandemic agreement should probably not do is establish detailed operational arrangements of facilities and functions.



II. Independent monitoring



To promote accountability, ***a fully independent expert monitoring body should be established complementary to the new legal instrument.*** This body should include senior, multi-sectoral expertise, draw on many sources of information (including WHO data, country self-reviews, peer reviews, the Universal Health and Preparedness Review, media reports and civil society shadow reports). It should publish its findings regularly and publicly. Its independence should be maintained through sustained, ring-fenced funding, a selection process targeting and attracting the highest level of international expertise, and checks and balances against political appointments.³ It could replace the Global Preparedness Monitoring Board now appointed by WHO and the World Bank.

³ For more on independent monitoring, see Hanbali L. et al. [Independent monitoring mechanism for the pandemic accord: accountability for a safer world](https://doi.org/10.37941/RR/2022/1). <https://doi.org/10.37941/RR/2022/1>, 2022





III. An operational ecosystem for equitable access to medical countermeasures



Access to medical countermeasures based on public health needs is a critical component of responding to potential pandemic threats. Throughout the COVID-19 pandemic, access has been inequitable—constituting a moral, financial, and public health failure. The platform established at the beginning of the pandemic to mitigate this situation, the Access to COVID-19 Tools Accelerator (ACT-A), made important contributions to the response, but evaluations broadly agree that it did not deliver tests, vaccines, and treatments to low- and middle-income countries in a timely way so as to achieve the highest health impact. It suffered the strictures of market dynamics, lack of ‘day zero’ financing, high pricing, vaccine hoarding, lack of stakeholder involvement and consultation on needs and targets, and non-inclusive governance. There is no formal process yet to create a future system for equitable access to medical countermeasures. Governments have started discussions and interested parties, including members of the former Independent Panel, are making concrete proposals. The UNGA political declaration could set principles and the direction for a new end-to-end system.

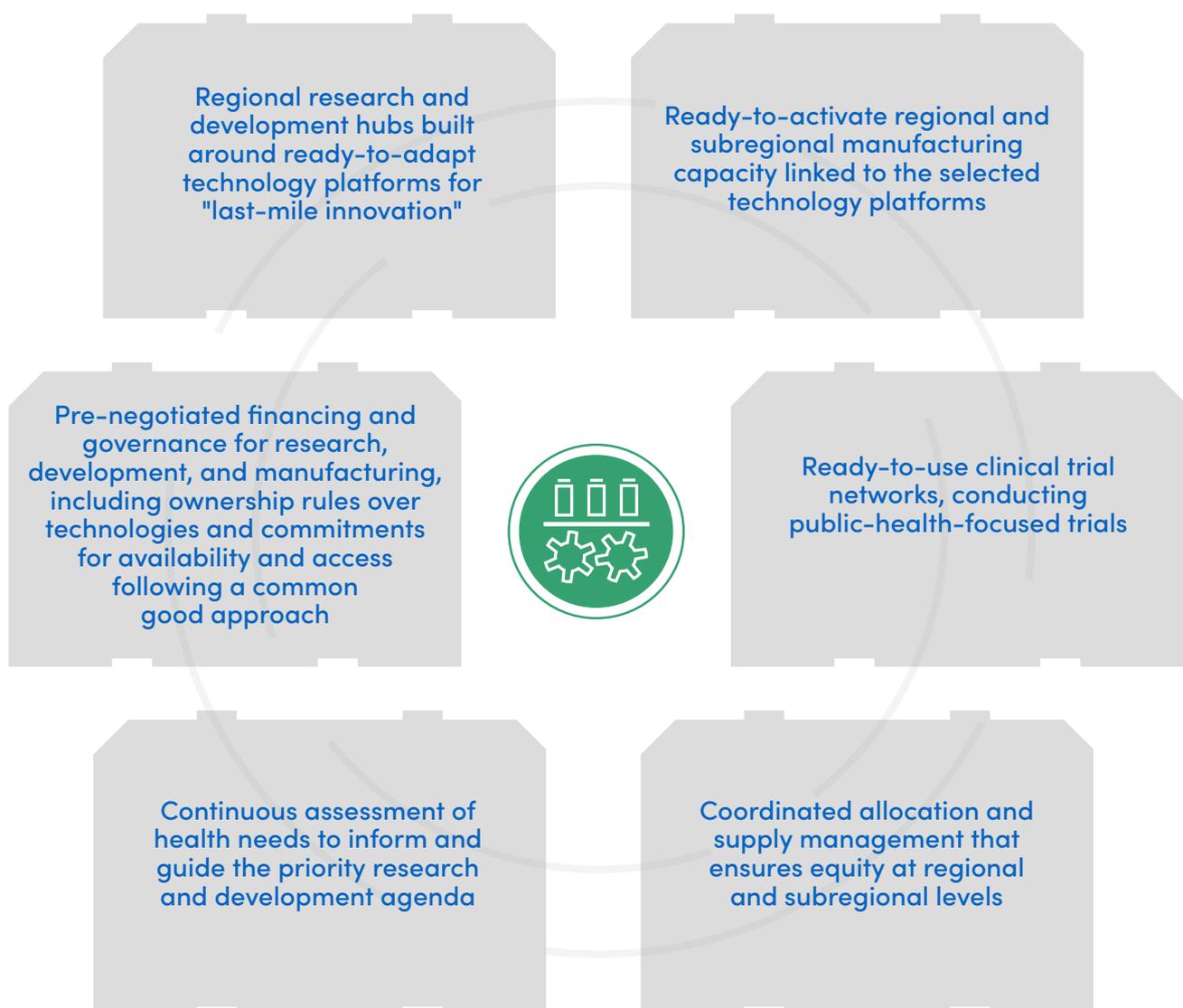
Analyses point to the need for an “end-to-end” approach which is designed from the outset to achieve equitable access. End-to-end refers to the need to address all steps, including ongoing assessments and research, initial detection of a new pathogen, and research and development through to the manufacturing, distribution, and actual delivery to people of vaccines, diagnostics, and treatments. Rather than reactively attempting to ‘fix’ issues as they appear, a proactive, pre-negotiated system is required, with clear roles and responsibilities and based on a global commons approach where financing and governance arrangements serve the global public interest. Principles of equity, openness, sharing, and regional resilience should form the basis of such an ecosystem.^{4,5}

4 Torreele E, Kazatchkine M, Liu J et al. [Stopping epidemics when and where they occur](#). *The Lancet*. 2023; 401: 324–328, doi: 10.1016/S0140-6736(23)00015-6

5 Torreele E, McNab C, Adeyi O et al. [It is time for ambitious, transformational change to the epidemic countermeasures ecosystem](#). *The Lancet*. 2023, doi: 10.1016/S0140-6736(23)00526-3

Newly energised regional dynamics have evolved for building regional capacities, including of networked regional research and development hubs, clinical trial networks, and manufacturing. Involving and empowering regions to organize solutions fit for local circumstances must be part of the future medical countermeasures system. Investment by national governments and regional banks will be essential, together with global funding.

Figure 3. Essential building blocks of an end-to-end platform for medical countermeasures





IV. Sufficient financing for preparedness and response



Avoiding another devastating pandemic requires two types of funding: preparedness funding to build the infrastructure and systems needed to address health threats when they occur, and response funding to cover the costs of actually stopping the spread of disease. Both of these funding types were notoriously lacking for the global response to COVID-19—though the no-regrets spending of some high-income nations showed what is possible when there is political will. While a new Pandemic Fund, albeit with serious limitations, has been established, there is as of yet no defined process to determine financing for an equitable medical countermeasures' ecosystem including regionally-based research and development, or surge financing. ***A cohesive package of financing needs and practical sources could be defined through the UNGA political declaration.***

Concerning preparedness, a funding need has been estimated of at least \$10.5 billion per year from international funding sources to help cover pandemic preparedness costs in low- and middle-income countries—a fraction of the domestic funding required in those countries. As of March 2023, the new Pandemic Fund established at the World Bank to help meet that need has received pledges of just over 10% of that amount, and predominantly through existing aid budgets. Instead, future contributions should be additional to official development assistance, to avoid crowding out other development assistance priorities and given that readiness is a common good from which all countries benefit. Indeed, a global public investment model—where all countries contribute according to their means and withdraw according to their needs—would provide the sustainable funding required.

Surge financing, ready for immediate disbursement, is essential to stop pathogen spread, purchase emergency supplies and medical countermeasures. Yet, The Pandemic Fund is not intended to provide such funding. The Independent Panel estimated that \$50–\$100 billion would be required. Several proposals for how to mobilize such funding are being discussed, including by front-loading funding against future commitments (similarly to the International Financing Facility for Immunization, IFFIm, model). Measures to protect lower-income countries against catastrophic economic crises are also essential, including pauses on debt repayment and interest relief.

Given the slow capitalization of The Pandemic Fund, its initial focus on preparedness and lack of clarity regarding surge financing, other financing sources must also be aggressively pursued. An immediate opportunity to integrate pandemic risk awareness and pandemic preparedness with economic development would be to incorporate relevant pandemic considerations into existing instruments used by the IMF (such as Article IV reviews) and the World Bank. The potential to unlock trillions of dollars as per the Bridgetown proposals for the World Bank are promising, as are the G20 recommendations resulting from the Capital Adequacy Frameworks Review. The IMF's Resilience and Sustainability Trust also expressly offers support for pandemic preparedness. Equally, several regional development banks have taken increased interest in pandemic preparedness, and a new Epidemics Fund is being established by the African Union. A full financing landscape analysis is required.

Meanwhile, according to WHO and World Bank estimates, domestic spending in the health sector is expected to drop in the coming years in light of significant economic pressures. Indeed, the opportunities for increased domestic resource mobilization appear slim, but efforts to increase the priority to health sector investment must not be deterred. Conversely, health sector investment can often serve as a macroeconomic stimulus. What is important, however, is to avoid pitting pandemic preparedness against broader health sector and universal health coverage reforms and investments—these are two sides of the same coin.





V. An independent, well-functioning and authoritative WHO



To tackle the next health threat with pandemic potential, WHO must be fully supported with the authority, independence, and funding required to play its essential role: to support countries to minimise the risks of health emergencies, and to minimize their consequences.

WHO's core functions related to pandemic threats are to set standards and to support surveillance and health systems that detect and respond to outbreaks; to provide alerts when there is risk of cross-border spread, and to share information, expertise, and guidance that assists countries to contain health threats. This includes genetic sequencing, epidemiological updates, technical guidance and technical support; as well as to participate in partnerships that support core functions, such as the Medicines Patent Pool. WHO can also mobilise its core constituency—the health ministers of its member states—to engage around pandemic threats.

Every aspect of managing a pandemic threat, or a pandemic, should be placed in the right hands. WHO should focus its attention on providing the highest quality technical support, and the most rapid evidence-based information and guidance possible, while recognizing that other agencies and institutions may be better placed to, for example, procure goods and services or to manage financial support.

To provide WHO much needed financial independence, WHO Member States have agreed to increase assessed contributions to 50% of its base budget by 2028 at the earliest. It is in Member States' interest to abide by this commitment—and in the world's interest for WHO to undertake its core functions to the highest possible level of excellence and integrity.

WHO must be fully supported to be the technical lead for the health response with full independence and integrity in their work. We all rely on information and data provided by WHO.



VI. Sustained political momentum: a high-level political council for pandemic threats



A major factor in the poor global handling of the COVID-19 pandemic was unhealthy geopolitical tensions and a persistent and deadly cycle of panic and neglect. Therefore, to ensure sustained multi-sectoral focus on pandemic preparedness and response, a leader-led global health threats council has been proposed by several review bodies dating back to high-level reviews of the West Africa Ebola outbreak response. ***Such a high-level council for pandemic threats would ideally be established through the political declaration to be agreed at the UNGA High-Level Meeting scheduled for 20 September this year. To fail again to create such a body, we believe, will lead to a failed system for pandemic preparedness and response.***

The council would not be a governing body and would have no formal authority over any agency in the international system—instead it should be seen as a diplomatic facilitator and motivator. It would maintain political commitment, draw attention to gaps and help unlock and solve problems across the international system, within regions and sectors both during and between health emergencies. It could link to or be a part of a multi-sectoral emergency platform as proposed by the Secretary-General, under discussion as countries prepare for the Summit of the Future.

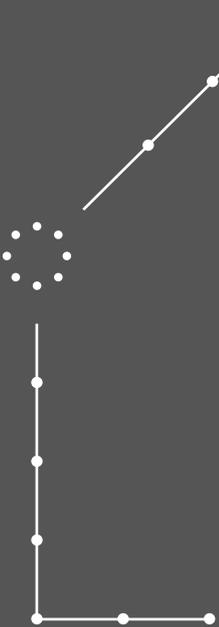
Given that pandemic preparedness and response includes, but extends well beyond the health sector, the council should be established by the UN General Assembly and appointed by it. To be sufficiently powerful and relevant, such a council must be led by Heads of State and Government representing each region, and include civil society and private sector leaders. The council would report to the UNGA, and could also report to the World Health Assembly and the World Bank and IMF Boards. The council should coordinate closely with the UN Secretary-General, the WHO Director-General and other relevant UN agency heads, and with the heads of the IMF and World Bank. A small but effective secretariat for the council should be established independently and not be embedded in any of those institutions.

The only choice: bold, cohesive reforms

The six areas described above represent the package of reforms that are essential in order to be better prepared for the next outbreak crisis. New pandemic threats are inevitable, but pandemics are a political choice.

SARS first emerged in 2002, and in just two decades, a new health crisis has besieged the world every five to six years. Given that SARS resulted in about 800 deaths, Ebola (2014–2016) in more than 11,000 and COVID-19 in about 20 million, the world is not getting better at preventing, preparing for, or responding to these crises. Application of lessons learned, scientific findings, and the potential of solidarity gives us the opportunity to prevent such devastation in future.

The UNGA High-Level Meeting on Pandemic Prevention, Preparedness and Response this year will provide world leaders the opportunity—at a key moment—to choose to protect humanity. It is an opportunity we cannot miss.



“COVID-19 is still straining economies—while the world’s failure to prepare for future pandemics is straining credulity.”

*UN Secretary-General António Guterres
World Economic Forum, January 2023*





Choose to protect the world
from pandemic threats.

A road map for a world protected from pandemic threats